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Fill	in this information to	o identify your c	ase:									
Del	otor 1	Steven G. W	/ade									
	otor 2 buse, if filing)											
Uni	ted States Bankrup	tcy Court for the	: SOUTHERN DISTRIC	T OF O	HIO							
Cas	se number 2:1	5-bk-56916						Che	eck if this is:			
(lf kr	nown)								An amende	d filing		
											ring postpetition following date	
0	fficial Form	<u> 1061</u>							MM / DD/ Y	YYY		
S	chedule I: `	Your Inc	ome									12/15
atta Par	ch a separate shee	et to this form.	r spouse is not filing wi On the top of any addition									
1.	Fill in your emploinformation.	Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse				
	If you have more	ate page with	Employment status	■ Employed			■ Employed					
	information about		Employment status	☐ Not employed			☐ Not employed					
	employers.		Occupation	Uner	nployed				Forensi	ic Acco	ountant	
	Include part-time, self-employed wo		Employer's name						State of	f Ohio		
	Occupation may i or homemaker, if		Employer's address						1980 W Columb			
			How long employed the	nere?	3 Months	;				Years		
Par	t 2: Give Det	tails About Moi	nthly Income									
	mate monthly incouse unless you are		ate you file this form. If y	ou have	e nothing to rep	ort for	any I	ine, wr	ite \$0 in the	space. I	Include your no	n-filing
-	u or your non-filing e space, attach a se	•	ore than one employer, co this form.	mbine t	he information f	or all e	emplo	yers fo	or that perso	n on the	e lines below. If	you need
								For D	ebtor 1		Debtor 2 or filling spouse	
2.	List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly					2.	\$		0.00	\$	5,492.17	-
3.	Estimate and list	t monthly overt	ime pay.			3.	+\$		0.00	+\$_	0.00	-
4.	. Calculate gross Income. Add line 2 + line 3.					4.	\$		0.00	\$	5.492.17	

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Deb	tor 1	Steven G. Wade		Case	number (if known)	2:15-b	k-5691	6	
	Сор	by line 4 here	4.	For	Debtor 1		ebtor 2 iling spo 5,49		
5.	List	all payroll deductions:							
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$_ \$	0.00	\$ 		37.80 49.22	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		0.00	
	5e.	Insurance	5e.	\$	0.00	\$	2:	27.15	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$		0.00	
	5g.	Union dues	5g.	\$_	0.00	\$		0.00	
	5h.	Other deductions. Specify: Flexsave Account	_ 5h	+ \$_	0.00	+ \$		58.67	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	1,8	72.84	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	3,6	19.33	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		0.00	
	8e.	Social Security	8e.	\$_	0.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.		0.00			0.00	
	8h.	Other monthly income. Specify:	_ 8h.	+ \$_	0.00	+ •		0.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$	`	0.00 + \$	2 61	9.33 =	\$	3,619.33
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			0.00	3,01	9.00	-	3,013.33
11.	11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedu</i> Specify: 11.								0.00
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies								3,619.33
13.	Do y	you expect an increase or decrease within the year after you file this form'	?					ombin nonthly	ed / income
	=	No.							

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Fill	in this informa	ation to identify yo	our case:											
Debtor 1 Steven G. Wade						Check if this is:								
								n amended filing						
Debtor 2 (Spouse, if filing)									ving postpetition chapter the following date:					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO								MM / DD / YYYY						
Cas	se number 2	:15-bk-56916												
(If k	nown)													
O	fficial Fo	orm 106J												
		J: Your l	Exper	ises					12/1					
Be info nur	as complete ormation. If n mber (if know	and accurate as	possible. eded, atta	If two married people a										
Par 1.	t 1: Desc Is this a joi	ribe Your House nt case?	hold											
	No. Go to		in a conar	ato household?										
			ii a sepai	ate nousenoid?										
		-	st file Offici	al Form 106J-2, Expense	es for Separate House	hold of De	ebtor	2.						
2.	Do you hav	e dependents?	□ No											
	Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?					
	Do not state dependents				Daughter			5 Years	□ No ■ Yes					
	шорошов						_		□ No					
					Son			7 Years	Yes					
									□ No □ Yes					
							_		□ No					
2	Do your ov	nanasa inaluda	_						☐ Yes					
3.		penses include of people other t	han	No Yes										
	yourself an	d your depende	nts?	res										
Est	timate your e	a date after the b	our bankrı	uptcy filing date unless					apter 13 case to report f the form and fill in the					
				government assistance cluded it on <i>Schedule I:</i>										
	ficial Form 1						_	Your exp	enses					
4.	 The rental or home ownership expenses for your residence. Include first mortga payments and any rent for the ground or lot. 						\$		953.49					
	If not include	ded in line 4:												
	4a. Real	estate taxes				4a.	\$		0.00					
	4b. Prope	erty, homeowner's				4b.			20.00					
		e maintenance, re	-			4c.			25.00					
5.		eowner's associat mortgage payme		dominium dues our residence, such as h	ome equity loans	4d. 5.			125.00 0.00					

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ebtor 1 Steven G. Wade	Case number (if kn	own) 2:15-bk-56916
. Utilities:		
Utilities: 6a. Electricity, heat, natural gas	6a. \$	154.00
6b. Water, sewer, garbage collection	6b. \$	70.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	100.00
6d. Other. Specify: Non-Filing Spouse Cell Phone	6d. \$	170.00
Food and housekeeping supplies	7. \$	900.00
Childcare and children's education costs	8. \$	65.00
Clothing, laundry, and dry cleaning	9. \$	250.00
Personal care products and services	10. \$	100.00
Medical and dental expenses	11. \$	179.00
Transportation. Include gas, maintenance, bus or train fare.	· 	
Do not include car payments.	12. \$	510.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	365.00
Charitable contributions and religious donations	14. \$	250.00
Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	1Fo •	0.00
	15a. \$	0.00
15b. Health insurance 15c. Vehicle insurance	15b. \$ 15c. \$	0.00
	15c. \$ 15d. \$	55.00
15d. Other insurance. Specify: Non-Filing Spouse Car Insurance Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20		171.00
Specify:	16. \$	0.00
Installment or lease payments:	۸= ۸	
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other Specify: Non-Filing Spouse Truck Payment	17c. \$	866.00
17d. Other. Specify: Non-Filing Spouse Car Payment	17d. \$	298.00
Non-Filing Spouse Personal Loan	\$	125.00
Non-Filing Spouse Student Loans	\$	530.00
Non-Filing Spouse Utilities		545.00
Non-Filing Spouse Credit Card Payments	\$	192.00
Non-Filing Spouse Personal Loan Your payments of alimony, maintenance, and support that you did not rep	Ф	325.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form		0.00
Other payments you make to support others who do not live with you.	\$	1,603.32
Specify: Child Support (Logan County)	19.	·
Child Support (Delaware County)	19.	
Other real property expenses not included in lines 4 or 5 of this form or or		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: CISCO Schooling	21. +\$	199.00
Calculate your monthly expenses 22a. Add lines 4 through 21.	\$	0 1 4 5 0 1
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10		9,145.81
	' <u> </u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	_ \$	9,145.81
Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,619.33
23b. Copy your monthly expenses from line 22c above.	23b\$	9,145.81
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-5,526.48
 Do you expect an increase or decrease in your expenses within the year a For example, do you expect to finish paying for your car loan within the year or do you expendification to the terms of your mortgage? No. 		to increase or decrease because of a
Yes. Explain here:		